

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 20

62-016098
STATE FILE NUMBER
62-016098

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON TOWNSHIP</u>		c. CITY OR TOWN <u>SOUTH FORK TOWNSHIP</u>	
Length of stay in 1b <u>10 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PLEASANT VIEW REST HOME</u>		d. STREET ADDRESS (If outside, give location) <u>2 MI. S.E. OF SANTA FE</u>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>ELMER</u> Last <u>REIGHLEY</u>		4. DATE OF DEATH Month <u>APRIL</u> Day <u>21</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAY.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 2 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>	
13a. FATHER'S NAME <u>BENJAMIN REIGHLEY</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH YATES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. INFORMANT <u>WINIFRED REIGHLEY</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chokehold</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>2nd</u> DUE TO (c) <u>1st</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> INTERVAL BETWEEN ONSET AND DEATH <u>1/2</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20c. TIME OF INJURY Hour <u>7</u> a.m. <u>13</u> p.m. Month, Day, Year <u>April 13 - 62</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>April 13 - 62</u>	
20f. CITY, TOWN, OR LOCATION <u>April 21 - 62</u>		COUNTY <u>MO.</u> STATE <u>MO.</u>	
21. I attended the deceased from <u>April 13 - 62</u> to <u>April 21 - 62</u> and last saw him alive on <u>April 13 - 62</u> . Death occurred at <u>7 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Gen. M. Barnett M.D.</u>		22b. ADDRESS <u>Paris, Mo.</u>	
22c. DATE SIGNED <u>4/21/1962</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4/23/1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>SANTA FE CEM.</u>		23d. LOCATION (City, town, or county) <u>SANTA FE.</u>	
24. FUNERAL DIRECTOR <u>E.H. AGNEW</u>		25. DATE RECD. BY LOCAL REG. <u>4-21-1962</u>	
ADDRESS <u>PARIS, MO.</u>		26. REGISTRAR'S SIGNATURE <u>J. A. Barnett M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Robert E. Wood, Student Embalmer No. 653

working under my personal supervision.

Student Robert E. Wood
Signature of Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Pavia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.